

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540151

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	-		1			
2		1				
3		1				
4		1				
5	2					
6	1					
7	①					
8	1					
9	1					
10		1				
11		1				
12	2					
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	10	↔	10	↔		↔
TOTAL CLAIMS	14	[REDACTED]	12	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						